MST Training

- Introduction to the Hospital/ Medical Environment
- HIPAA & You – Patient Confidentiality
- Introduction to Medical Radio Systems and Communications
- Introduction to HEICS (the Hospital Incident Command System)
- Introduction to MCI and START systems (Mass Casualty Incident and Simple Triage and Rapid Transport)
- Introduction to Critical Incident Stress Management
- Introduction to Resource Acquisition and Patient Transportation in a Disaster

MST Training, cont.

- Introduction to Damage Assessment techniques (ATC-20, USAR, Red Cross)
- Personal Protection and Preparedness
- First Aid/CPR/Blood-borne Pathogens
- ARRL EMComm Level 1
- Orientation to Emergency Management
- Basic & Intermediate Helicopter Awareness
- Tactical Communications
- Net Control Procedures

Job Action Sheet

Position Assigned To:	**TAC ID:** _____
You Report To: _____ (Designated Contact)	
Telephone:	

Mission: To provide communication either external or internal during times when normal hospital communications have failed or been disrupted.

Immediate

___ Put on emergency medical team identification.

____ Check in at Incident Command Center (ICC)

____ Read this entire Job Action Sheet.

____ Obtain briefing from Designated Contact or Incident Commander (IC).

____ Set up radio in designated location and assure functioning.

____ Check in with Net Control (NC) via amateur radio and follow instructions if given.

____ If NC not available, check in with the local emergency operations net and follow instructions if given.

Intermediate

____ Obtain situation status report from NC.

____ Relay hospital status to net control as required.

____ Keep a log of all relevant communication including messages sent or received.

____ Ensure messages requiring action are followed up according to message precedence.

____ Do not leave amateur radio without coordination with net control.

____ Request runner stop and post all messages where a runner can take them to the ICC.

____ Communicate directly with Designated Contact or IC in urgent communications.

____ Respond to external requests by NC for additional information on hospital status. Hospital status is obtained from the ICC via Designated Contact or IC

Extended

____ Secondary operators may be used in the following ways:

- To provide internal communications within hospital with assignment to specific location or with specified people.
- Assist with other communications (i.e.. HEAR, 800MHz, phone)

____ Radio operators relief checklist. When a new operator arrives to relieve, the following steps are taken:

- Identify new operator to current operator
- Obtain briefing from current operator including any pending actions

Damage Assessment

Emergency/Incident: _____ **Date:** _____ **MSG NO**_____

(SEQ. W/ OTHER MESSAGES)

Exercise: _____ **Facility Name:** _____ **Floor/Wing**_____

To be used to report back to Net Control or Emergency Operations Center. Not to be used for building safety assessment or inspection.

Key
None = No apparent damage detected.

Minor = Some damage - does not hinder use.

Major = Significant damage - must have reinforcement to use -

Destroyed = Unusable / unsafe - for use due to significant hazard.

None (0)	Min (1)	Maj (2)	Destr * (3)	Damaged? Check appropriate Category, Provide comment only if necessary,
				Structural
€	€	€	€	a. External walls:_____
€	€	€	€	b. Internal walls: _____
€	€	€	€	c. Roof: _____
€	€	€	€	d. Floors: _____
€	€	€	€	e. Stairwells/Fire exits _____
€	€	€	€	f. Other structural: _____
				Non-structural
€	€	€	€	g. Ceilings/Light fixtures: _____
€	€	€	€	h. Windows: _____
€	€	€	€	i. Interior walls: _____
€	€	€	€	j. Mechanical equipment: _____
€	€	€	€	k. Elevators: _____
€	€	€	€	l. Other hazards: _____

Yes	No	Limited	**Resources** Available/Functional? Check appropriate box. Provide comment only if necessary.
€	€	€	m. Electrical Power: _____
€	€	€	n. Generator: _____
€	€	€	o. Generator fuel: (based on 8 hr. usage)_____
€	€	€	p. Water: _____
€	€	€	q. Heat (steam/gas/etc.): _____
€	€	€	r. Telephone (land): _____
€	€	€	s. Cellular phone : _____
€	€	€	t. Radios (system type): _____
€	€	€	u. Other:_____
			v. Medical supplies _____

Present	*Need*	**Staffing**
____	____	w. Medical Staff: _____
____	____	x. Nursing/Paramedical: _____
____	____	y. Ancillary/Support: _____
____	____	z. Other staff needed: _____

Medical Supply Order

Emergency/Incident: _____Date \Time: _____MSG#_____

Exercise: _____ Facility Name: _____

To be used by radio operators to report back to Net Control or Emergency Operations Center. Not to be used for routine supply requisition. Refer to Standard Supply List for order numbers when possible.

Yes	Quantity	Unit	
			Pharmaceuticals: (from Pharmacy)
a	_____	_____	_____
a	_____	_____	_____
a	_____	_____	_____
			IV or Sterile Solutions: (from Pharmacy)
a	_____	_____	_____
a	_____	_____	_____
a	_____	_____	_____
			Medical Gases:
a	_____	_____	_____
a	_____	_____	_____
			Sterile supplies:
a	_____	_____	_____
a	_____	_____	_____
a	_____	_____	_____
a	_____	_____	_____
a	_____	_____	_____
			Other:
a	_____	_____	_____
a	_____	_____	_____
a	_____	_____	_____
a	_____	_____	_____
a	_____	_____	_____
			Linens:
a	_____	_____	_____
a	_____	_____	_____
a	_____	_____	_____

Medical Provider Signature:_____ (required)

Radio oper. Name/call: _____ Transmitted: (date/time) _____

Medical Supply Pick list

Coded list of medical supplies for emergency requisition during a major emergency/incident. Radio operators should require hospital staff to order supplies by code number and quantity whenever possible, to prevent possible errors of transmission. Requisitions should be sent to E.O.C. or other supply agency by fax or packet radio whenever possible. **Medical supply requisitions must be signed by hospital staff!**

Item #	Unit	Description
Cat. 100		**IV Solutions**
101	BG	SOLN, D5W LACT RINGERS 1000ML
102	BG	SOLN, LACT RINGERS 1000ML
103	BG	SOLN, D5W .9% NS 1000ML
104	BG	SOLN, SOD CHLORIDE .9% 1000ML
105	BG	SOLN, SOD CHLORIDE 45% 1000ML
106	BG	SOLN, D5 .45NS 1000ML
107	BG	SOLN, D5 .2%NS 1000ML
108	BG	SOLN, D5W 1000ML
111	BG	SOLN, D5W 50ML
121	BG	SOLN, D5W 100ML
131	BG	SOLN, D5W 250ML
141	BG	SOLN, D5W .9% 500 ML
142	BG	SOLN, SOD CHLORIDE .9% 500ML
143	BG	SOLN, D5 .45NS 500ML
144	BG	SOLN, D5 .2%NS 500ML
145	BG	SOLN, D5W 500ML
Cat. 200		**IV Sets**
201	EA	CONTAINER, PLASTIC SHARPS DISP
202	EA	SET, ADMIN FOR QUEST PUMP
203	EA	SET, SURG W/PRESS PUMP 100" 7607
204	EA	SET, MINIDRIP W/3 Y SITES 5526
205	EA	SET, IV W/2 Y SITES 84" 5501
206	EA	SET, SECONDARY W/18G 34" 7415
207	EA	SET, BURETTE, 150ML 100" 7534
208	EA	SET, EXT W/2 42" W/BALL 5630
209	EA	SET, BLOOD, 16 X 1.75 40" 2C7619
210	EA	SET, W/INTEG AIRCONNECT 70" 5419
211	EA	SET, BURRETE MICRO #IV3A09
212	EA	SET, ADMIN VALLEY LAB IV1A01
213	EA	SET, ADMINISTRATION IV STARTER
221	EA	SET, ADMIN PED VAL. LAB IV5A03

Item #	Unit	Description
Cat. 300		**Misc. IV Supplies**
301	EA	CANNULA, IV 20G X 1 1/4"
302	EA	CANNULA, IV 18G X 1 1/4"
303	EA	CANNULA, IV 16G X 1 1/4"
304	EA	CANNULA, IV 14G X 1 1/4"
305	EA	CANNULA, IV 22G X 1"
306	EA	CANNULA, IV 24G X 3/4"
311	EA	PLUG, IV CATHETER
321	EA	CAP, INJECTION LEUR LOCK STERILE
322	EA	CAP, RED BURRON
331	EA	SUCTION, TONSIL YANKAUER /SUMP
341	EA	CATHETER, SUCTION 18FR
342	EA	CATHETER, SUCTION 14FR
343	EA	CATHETER, SUCTION 8FR PLASTIC
344	EA	CATHETER, SUCTION 10FR PLASTIC
351	EA	TUBE, NG SALEM SUMP 12FR 48"
352	EA	TUBE, NG SALEM SUMP 14FR 48"
353	EA	TUBE, NG SALEM SUMP 16FR 48"
354	EA	TUBE, NG SALEM SUMP 18FR 48"
355	EA	TUBE, SUCTION W/CONN 72 X 9/32 LU
356	EA	CANNISTER, SUCTION PLASTIC 1L
361	EA	CONTAINER, NEEDLE DISPOSAL LAB
371	EA	SET, SM BORE Y EXT W/VALVE
372	EA	PIN, ACCESS W/VALVE BURRON
373	EA	EXTENSION, SM BORE T-PORT /VALVE
Cat. 400		**Infant Supplies**
401	EA	NIPPLE, BABY BOTTLE REGULAR
402	EA	FORMULA, 5% GLUC IN WATER 4 OZ
403	EA	FORMULA, 20CAL PREMIE SIMILAC
404	EA	FORMULA, 20CAL SOY SIMILAC
405	EA	FORMULA, ORAL ELECTROLYTE 8 OZ

Hospital Capacity Report

CIRCLE APPROPRIATE LETTER	AUBURN GEN HOSP (253-833-7711)	BALLARD - SWEDISH (206-781-6341)	CHILDRENS HOSP (206-526-2222)	COMMUNITY MEMORIAL - ENUMCLAW (360-825-2505)	EVERGREEN HOSP (425-899-1700)	GROUP HEALTH HOSP - ES (425-883-5117)	HARBORVIEW HOSP (206-731-3000)	HIGHLINE COMM. HOSP (206-431-5314)	NORTHWEST HOSP (206-368-1765)	OVERLAKE HOSP (425-688-5200)	PROVIDENCE HOSP - SEATTLE (206-320-2111)	ST. FRANCIS HOSP (253-838-9700)	SWEDISH HOSP (206-386-2673)	UNIVERSITY HOSP (206-548-6190)	VALLEY MEDICAL (425-251-5105)	VETERANS HOSP (206-764-2130)	VIRGINIA MASON HOSP (206-583-6433)				
Are you accepting patients?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N				
If no, why not? ***	S/E/F	S/E/F	S/E/F	S/E/F	S/E/F	S/E/F	S/E/F	S/E/F	S/E/F	S/E/F	S/E/F	S/E/F	S/E/F	S/E/F	S/E/F	S/E/F	S/E/F				
Have you activated your Disaster Plan?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N				
ER CAPACITY																					
Alpha-1 (NOW)																					
Alpha II (Within 30 mins)																					
OR CAPACITY																					
Bravo I (Within 30 mins)																					
Bravo II (Within 60 mins)																					
MED/SURG CAPACITY																					
Charlie I (Available beds)																					
Charlie II (ICU)																					
Charlie III (CCU)																					
Charlie IV (PEDS)																					
Charlie V (Psych)																					

Hospital Capacity Categories

Alpha I – ER Capacity right now!
Alpha II – ER Capacity in 30 minutes
Bravo I – OR Capacity in 30 minutes
Bravo II – OR Capacity in 60 minutes
Charlie I – Med-Surg beds available
Charlie II – ICU beds available
Charlie III – CCU beds available
Charlie IV – Pediatric beds available
Charlie V – Psychiatric beds available

Emergency Medical System Trauma Categories

- Red – Critical condition – requires immediate care to save life
- Yellow – Serious condition – requires urgent treatment, but not immediately
- Green – Minor injuries, able to move self; walking wounded
- Black – Deceased, OR injured to a degree that is probably not salvageable
- White – (used in King County) decontaminated in the field before transport – used in conjunction with one of above categories.

Washington State Hospital Association
Hospital Terrorism Threat Response

THREAT LEVEL	HOSPITAL RESPONSE Complete activities from level below and include current level of threat activities
RED SEVERE	**Emergency Operations Center** ➢ Activate EOC and all ICS Chief positions. ➢ Increase security staffing. ➢ Decide level of facility lockdown. ➢ Communicate with local EOC and/or Public Health EOC. ➢ Brief management and staff, MDs, students, and volunteers. ➢ Activate code alert for full or limited activation based on level of direct threat to facility / community. ➢ Update hospital capacity website immediately and every 8 hours. ➢ Establish Media center and address media inquiries. Assure public regarding hospital's readiness/\Identify unified incident command system. **Operations Section** ➢ Prepare care plan for current and future victims. ➢ Discuss surgery availability and plans. ➢ Begin early discharge of patients ➢ Implement critical stress incident debriefing activities. **Planning Section** ➢ Consider extended staffing plans such as 12-hr shifts. ➢ Assure adequate physician staffing. ➢ Call-in needed staff. **Logistics Section** ➢ Bring inventories up to par levels. ➢ Support potential/ actual facility utility shutdowns. ➢ Respond to increased needs from Operations Section. ➢ **Amateur Radio: Establish necessary net operations. Activate Medical Services Communications team; determine staffing levels required, possible length of operation. Recruit for shift changes. Verify spare equipment, batteries**. **Finance Section** ➢ Activate disaster budget and log to track incurred costs. ➢ Procure necessary supplies and equipment. ➢ Activate emergency vendor contracts as needed.
ORANGE (HIGH)	**Emergency Operations Center** ➢ Pre-assign EOC and Chief positions in the event activation is necessary; know their contact numbers and locations. ➢ Increase security presence and surveillance rounds. ➢ Communicate general information to appropriate staff and MDs. ➢ Update hospital capacity website immediately and every 12 hours. **Operations and Planning Section** ➢ Assure on-call staff aware of threat and potential staffing needs. ➢ Address stress and anxiety reactions. ➢ Conduct pharmaceutical and ventilator inventories. ➢ **Amateur Radio: Verify /assure facility equipment, staffing readiness; alert Medical Services Communications to be on standby. Notify facility security of potential activation. Verify Go-kits ready, batteries charged, etc.** **Logistics Section** ➢ Directly check equipment and supplies (e.g., PPE, decon tent, dosimeters) ➢ Validate contingency plans and procedures. ➢ Validate surveillance mechanisms operational (e.g., manual log for symptomology, detectors, computer firewalls). ➢ **Amateur Radio: Verify /assure facility equipment, staffing readiness; alert Medical Services Communications to be on standby. Notify facility security of potential activation. Verify Go-kits ready, batteries charged, etc.**
YELLOW ELEVATED	**Incident Commander** Safety Officer / Incident Commander and other key personnel review emergency management plan and make appropriate revisions. ➢ Re-educate or train additional potential responders (e.g., biological, chemical, and

Hospital Status Board

County/Hospital	Checked in Date/Time	Status	All Clear
Clallam	*Tactical ID / Call sign/Time*	*Bed Count, Hosp status, other* *Indicate time of report:*	*Time out - Stn secured*
*** Forks Community**			
*** Olympic Memorial**			
Clark			
*** SW WA Medical Center**			
Cowlitz			
*** St John's - Longview**			
Grays Harbor			
*** Grays Harbor Community**			
*** Mark Reed Comm - McCleary**			
Island			
*** Whidbey General**			
Jefferson			
*** Jefferson General**			
Kitsap			
*** Bremerton Nav Hosp**			
***Silverdale Urgent Care Center**			
*** Harrison Memorial**			
Lewis			
*** Morton General**			
*** Providence - Centralia**			
Mason			
*** Mason General**			
Pacific			
*** Ocean Beach Hosp**			
*** Willapa Harbon**			

County/Hospital	Checked in Date/Time	Status	All Clear
Pierce			
*** Allenmore - Multicare**			
*** Amer. Lake VA**			
*** Good Samaritan**			
*** Madigan Army Hospital**			
*** Mary Bridge - Multicare**			
*** Puget Sound**			
*** St. Clare**			
*** St. Joseph - Tacoma**			
*** Tacoma General - Multicare**			